



# State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,  
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed

Effective Date: 01/14/2004

Business ID: 023587

William M. Gardner

Secretary of State

200401490199

## YANKEE PUBLISHING INCORPORATED

1121 MAIN ST  
DUBLIN, NH 03444

### ADDRESS OF PRINCIPAL OFFICE:

1121 MAIN ST  
DUBLIN, NH 03444

### REGISTERED AGENT AND OFFICE:

JAMES TROWBRIDGE  
MAIN ST, PO BOX 520  
DUBLIN, NH 03444

ENTITY TYPE: CORPORATION

BUSINESS ID: 023587

STATE OF DOMICILE: NEW HAMPSHIRE

FEDERAL ID: 020206420

MAGAZINE PUBLISHING (1997 AR)

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

### OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES JAMES TROWBRIDGE  
STREET 29 CORNISH ROAD  
CITY/STATE/ZIP PETERBOROUGH, NH 03458

TREAS JOYCE MARIE LEVESQUE  
STREET 146 LAMPMAN ROAD  
CITY/STATE/ZIP HARRISVILLE, NH 03450

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

### BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

NAME JAMES TROWBRIDGE  
STREET 29 CORNISH ROAD  
CITY/STATE/ZIP PETERBOROUGH, NH 03458

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, Director, or any other person authorized by the board of directors.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

JOYCE MARIE LEVESQUE

Please print name and title of signer:

JOYCE MARIE LEVESQUE

/

TREASURER

NAME

TITLE

REPORT FEE IS: \$100.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

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